

Arizona. State Dept. of Health

RULES AND REGULATIONS

of the

State Department
Of Health

for the

CONTROL OF
COMMUNICABLE DISEASES



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RULES AND
REGULATIONS

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RULES AND REGULATIONS OF THE STATE DEPARTMENT OF HEALTH FOR THE CONTROL OF COMMUNICABLE DISEASES

Words and Terms Defined

Regulation 1.—Certain words and terms used in these rules and regulations are defined as follows:

(a) **Communicable Disease.**—A communicable disease is a disease incited by the entrance into a body and the multiplication therein of disease-producing organisms capable of being transmitted, directly or indirectly, to other persons or animals. The term communicable disease embraces the common term contagious and infectious disease.

(b) **Report of a Disease.**—By report of a disease is meant the notification to the State and local health department that a case of reportable disease exists or is suspected of existing in a specified person or persons at a given address.

(c) **Infectious Agent.**—An infectious agent is a living microorganism, capable, under favorable conditions, of inciting a communicable disease.

The words, germ, organism, microorganism and infectious agent are used interchangeably.

(d) **Incubation Period.**—The incubation period of a communicable disease is the interval which usually elapses between the entrance into the body of the disease-producing organism and the manifestation of the first symptoms of the disease.

(e) **Period of Communicability.**—The period of communicability is the time during which a person affected with a communicable disease is capable of transmitting the infectious agent to others.

(f) **Susceptibles.**—A susceptible is a person or animal who is not known to be immune to a communicable disease.

(g) **Immunes.**—An immune is a person who is not susceptible to the influence of a particular infectious agent. Immunity usually follows recovery from an attack of a disease or successful vaccine or serum treatment.

(h) **Contacts.**—A contact is a person or animal that has been sufficiently near to an infected person, animal or thing to make probable the transmission of the infectious agent to him.

(i) **Carriers.**—A carrier is one who harbors in his body, the microorganisms of a communicable disease, but who at the time is apparently in good health. A carrier may convey the infectious agent to another person and, under favorable conditions, the germs may incite the disease in his own body.

(j) **Cultures.**—Cultures are growths of microorganisms propa-

gated in or upon artificial media for the purpose of determining the presence of disease-producing organisms.

(k) **Isolation.**—Isolation consists of the limitation of the freedom of persons or animals who are presumably affected with, or carriers of, or who have been exposed to, communicable disease, and the taking of measures to secure the prompt and regular disinfection of all infected body secretions and excretions and of all infected or presumably infected materials.

(l) **Placards.**—A placard is an official notice, written or printed, posted as a warning of the presence of a communicable disease on the premises or in the apartment or room so placarded.

(m) **Disinfection.**—Disinfection is the process of destroying the vitality of disease-producing organisms by physical or chemical means.

(n) **Concurrent Disinfection.**—Concurrent disinfection signifies the immediate disinfection and disposal of body discharges, and the immediate disinfection or destruction of all infected or presumably infected materials.

(o) **Terminal Disinfection.**—Terminal disinfection signifies the precautions taken to destroy or remove infectious material after the removal of the patient or the termination of isolation.

Diseases Declared Reportable

Regulation 2.—The following list of diseases are declared to be reportable to the State and the local health departments:

Actinomycosis	Weil's disease)
Anthrax	Hookworm disease (ancylostomiasis)
Chancroid	Influenza
Chickenpox (varicella)	Leprosy
Cholera	Lymphogranuloma venereum (inguinale) (climatic bubo)
Coccidioidomycosis (coccidioidal granuloma, "Valley fever")	Malaria
Conjunctivitis, acute infectious (of the newborn, not including trachoma)	Measles (rubeola)
Dengue	Meningococcus meningitis (cerebrospinal fever)
Diphtheria	Mumps (infectious parotitis)
Dysentery, amebic (amebiasis)	Paratyphoid fever
Dysentery, bacillary	Plague, bubonic, septicemic, pneumonic
Encephalitis, infectious (lethargic and nonlethargic)	Pneumonia, acute lobar
German measles (rubella)	Poliomyelitis
Glanders	Psittacosis
Gonorrhea	Puerperal infection (puerperal septicemia)
Granuloma Inguinale	Rabies
Hemorrhagic jaundice (spirochetosis icterohemorrhagic,	Relapsing fever

Rheumatic fever
 Rocky Mountain spotted (or tick)
 fever
 Scarlet fever (scarlatina)
 Septic sore throat
 Smallpox (variola)
 Syphilis
 Tetanus
 Trachoma
 Trichinosis

Tuberculosis, pulmonary
 Tuberculosis, other than pul-
 monary
 Tularemia
 Typhoid fever
 Typhus fever
 Undulant fever (brucellosis)
 Whooping cough (pertussis)
 Yellow fever

The following diseases are reportable but not communicable:

Botulism
 Food infections and poisonings

Pellagra

DISEASES DECLARED COMMUNICABLE

Regulation 3.—The following list of diseases are declared to be communicable and subject to the control measures given. The incubation period and the minimum period of communicability given are those generally accepted and officially adopted.

DISEASE	INCUBATION PERIOD	MINIMUM PERIOD OF COMMUNICABILITY	CONTROL MEASURES	
			PATIENT	CONTACTS
Actinomycosis	Undetermined	As long as open lesions remain	No isolation if under medical care	None
* Anthrax	Within 7 days	Until open lesions heal	No isolation if under medical care	None
Chancroid	3 to 14 days	Until all lesions are healed	See Regulation 11	See Regulation 11
Chickenpox	2 to 3 weeks	10 days after first appearance of eruption	Isolation	Exclusion from school
* Cholera	1 to 5 days	Until infectious organism is absent from bowel discharges	Isolation in screened room during communicable period	Isolation for 5 days from last exposure plus stool culture negative for cholera vibrio
Conjunctivitis, acute infectious	36 to 48 hours	Until discharges cease	Isolation during period of communicability	None
Dengue	3 to 15 days	5 days from onset of disease	Patient isolated in screened room for 5 days from date of onset	None

*Diphtheria	2 to 5 days	Until virulent diphtheria bacilli have disappeared from all secretions and lesions	Isolation until 2 nose and throat or other cultures taken not less than 24 hours apart fail to show virulent diphtheria bacilli	Isolated (same as for patient)
Dysentery, amebic	2 days to 4 weeks	During course of infection as determined by microscopic examination of stools	Restricted from food handling during period of communicability	None
*Dysentery, bacillary	1 to 7 days	Until microorganism is absent from bowel discharges	Isolation during stage of disease	None
Encephalitis, infectious	4 to 21 days	Unknown	Isolation in screened room for 1 week after onset	None
Gonorrhea	1 to 8 days	As long as the gonococcus persists in any of the discharges	See Regulation 11	See Regulation 11
Granuloma inguinale	2 weeks to 1 month	Undetermined	See Regulation 11	See Regulation 11
Leprosy	1 to several years	Until disease is arrested for 6 months	Isolation until released by State Department of Health	None

*Concurrent and terminal disinfection required.

DISEASE	INCUBATION PERIOD	MINIMUM PERIOD OF COMMUNICABILITY	PATIENT	CONTROL MEASURES	CONTACTS
Lymphogranuloma venereum	1 to 4 weeks	As long as there are open lesions upon skin or mucous membranes	See Regulation 11	See Regulation 11	See Regulation 11
Malaria	Varies according to type	Period of infection	Patient protected from mosquitoes	None	None
Measles	10 to 15 days	From 4 to 5 days after appearance of rash	Isolation from onset of catarrhal symptom until 5 days after appearance of rash	None	None
Measles, German	14 to 21 days	4 to 7 days	None	None	None
Meningococcus meningitis (cerebrospinal fever)	2 to 10 days	During clinical course of disease	Isolation for 14 days from onset	Isolation for 10 days from date of last known contact.	Isolation for 10 days from date of last known contact.
Mumps	12 to 26 days	As long as swelling of salivary glands persists	Isolation until swelling subsides	None	None
*Plague, bubonic septicemic pneumonic	3 to 7 days sometimes 14 days	Pneumonic—during acute stages of disease	Strict isolation of pneumonic type during acute symptom of disease	Pneumonic — strict isolation for 7 days after last contact	Pneumonic — strict isolation for 7 days after last contact
*Pneumonia, acute lobar	1 to 3 days, not well determined	Unknown	Isolation during febrile period of disease	None	None
*Polio myelitis	7 to 14 days	Undetermined	Isolation for 2 weeks from onset preferably in screened room	Exclusion from all public gatherings for 14 days	Exclusion from all public gatherings for 14 days

*Psittacosis	6 to 15 days	During acute illness especially when coughing	Strict isolation during febrile stage	None
Rabies	Usually 2 to 6 weeks, may be 6 months or longer	Undetermined	Isolation	None
Rocky Mountain spotted fever	3 to about 10 days	Not communicable from man	None	None
*Scarlet fever	2 to 7 days	Usually 3 weeks from onset of disease and until all abnormal discharges cease and lesions heal	Isolation during period of communicability	Exclusion of exposed children and teachers from school, food handlers from work for 7 days from last exposure
*Septic sore throat	1 to 3 days	During continuance of clinical symptoms	Isolation during period of communicability	Exclusion of exposed children and teachers from school, food handlers from work for 3 days from exposure
*Smallpox	8 to 16 days	From first symptoms to disappearance of all scabs and crusts	Isolation until all scabs disappear	Isolation for 16 days from last exposure or until evidence of successful vaccination following exposure
*Concurrent and terminal disinfection required.				

DISEASE	INCUBATION PERIOD	MINIMUM PERIOD OF COMMUNICABILITY	PATIENT	CONTROL MEASURES	CONTACTS
Syphilis	About 3 weeks, occasionally longer	As long as lesions are open upon mucous membranes or skin, practically limited to the first 2 years of disease	See Regulation 11	See Regulation 11	See Regulation 11
Trachoma	Undetermined	During persistence of lesions	Exclusion from school during period of communicability	None	None
*Typhoid and Paratyphoid	3 to 38 days	As long as stool or urine is positive	Isolation in fly proof room until 2 successive negative cultures of stool and urine specimens collected not less than 24 hours apart	Recommend immunization of all non-immune contacts	
Typhus fever	6 to 14 days	In presence of lice until 36 hours after normal temperature	Isolation in vermin free room during course of disease	None	None
Whooping cough	7 to 16 days	3 weeks after onset of typical paroxysms	Isolation for 3 weeks after typical whoop develops	None	None
Yellow fever	3 to 6 days	2 days prior to onset of fever and first 4 days of fever	Isolation from mosquitoes during acute stage of disease	None	None

*Concurrent and terminal disinfection required.

General Measures for Control of Communicable Diseases

Regulation 4.—The local health officer, in instituting measures for the control of communicable diseases,

(a) shall make, or cause to be made, such investigation as may be necessary for the purpose of securing data regarding contacts and, if possible, the time, place, and source of infection;

(b) shall establish and maintain isolation or such other measures for control as required by rules and regulations of the State Board of Health;

(c) shall provide, directly or indirectly, for the instruction of persons affected, and their attendants, in the proper methods of concurrent disinfection;

(d) shall introduce such other measures, consistent with the rules and regulations of the State Board of Health, as may be deemed advisable because of widespread infection or threatened epidemic;

(e) suspected cases of communicable diseases shall be subject to the administrative procedures specified for cases of the disease until the diagnosis is determined or laboratory tests required for the release of cases have been found to be negative.

(f) When a health officer has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, he may control them as known contacts, making such examinations and adopting such measures as he deems necessary and proper for the protection of public health and the prevention of the spreading of disease.

(g) A placard may be used in the control of any communicable disease at the discretion of the health officer.

Rabies

Regulation 5.—Whenever rabies is prevalent in any area or locality in the state, the local City or County health officer shall make such examinations and adopt such measures as he deems necessary or proper for the protection of the public and the prevention of the spreading of the disease; and shall require the detention, isolation and examination of animals suspected of having rabies, and the isolation by the owner of all dogs in areas where rabid animals have run at large. All unlicensed stray dogs should be impounded and destroyed.

Restrictions on Food Handlers

Regulation 6.—No person can be employed to handle or prepare food until he has had a comprehensive examination by a licensed physician and surgeon and has been found free from any communicable disease in an infectious stage.

Removal to Hospital of Certain Cases

Regulation 7.—When, in the opinion of the health officer or the State superintendent of health, proper isolation of an affected person or persons, carrier, or contact is not or can not be effectively maintained on the premises occupied by such person or persons, he may remove or require the removal of such person or persons to a hospital or other proper place designated by him.

Invasion of Isolation Areas

Regulation 8.—No person other than the attending physicians and authorized attendants shall enter or leave, and no one except the health officer or his representative shall permit any other person to enter or leave any room, apartment, or premises where a communicable disease is isolated.

No person shall remove any article from an isolated area without permission of the health officer.

Duty of Health Officer When Infected Person Leaves His Jurisdiction Without Permission

Regulation 9.—It shall be the duty of the local health officer to report immediately to the State superintendent of health by telephone or telegraph the name, address, probable destination and route of departure of any person who is affected with a communicable disease, who has left his jurisdiction without his consent.

Method of Control of Tuberculosis

Regulation 10.—All cases of tuberculosis, regardless of type, shall be reported to the local health officer and the State Department of Health.

When, in the opinion of the health officer or the State superintendent of health, proper isolation of a person affected with pulmonary tuberculosis in a communicable stage is not or can not be effectively maintained on the premises occupied by such person or persons, he may remove or require the removal of such person or persons to a hospital or other place designated by him, there to remain in isolation for such a time as the health officer deems such person or persons to be a menace to the public health.

Method of Control of Venereal Diseases

Regulation 11.—Venereal diseases as referred to in this regulation include syphilis, gonorrhea, chancroid, lymphogranuloma venereum and granuloma inguinale.

Where, in the opinion of the health officer or the State superintendent of health, proper isolation of a person affected or suspected of being affected with a venereal disease is not or can not be effectively maintained on the premises occupied by such person or

persons, he may remove or require the removal of such person or persons to a hospital or other place designated by him, there to remain in isolation for such a time as the health officer deems such person or persons to be a menace to the public health.

When a health officer has reasonable grounds to believe that a person or persons may have been exposed to a venereal disease he may control them as known contacts, making such examinations and adopting such measures as he deems necessary and proper for the protection of public health and the prevention of the spreading of disease.

All information received by health officers in reports of venereal disease cases and contacts shall be considered as confidential and shall not be revealed to any other person except when in the opinion of the health officer such revelation is necessary to protect the public health.

For the prevention of gonorrheal ophthalmia, the physician or person attending the birth of a child shall drop two drops of one percent aqueous solution of silver nitrate into the eyes of the baby immediately after birth.

Repeal

All rules and regulations of the State Board of Health for the control of communicable diseases adopted and in force prior to April 11, 1943, are repealed.



